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CASES OF FOREIGN BODIES IN THE AIR-PASSAGES.

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THE following cases will illustrate the different plans of treatment which may be successfully resorted to, in obviating the unpleasant and distressing effects produced by foreign substances getting into the larynx, trachea or bronchiae.

CASE I. *A water-melon seed in the bronchiae—vomited months afterwards.*—In August, 1840, I received a pressing message to see a son of Col. C., of South Carolina, who had accidentally swallowed a seed; as it is commonly said, the wrong way, i. e., into the wind-pipe, while eating a slice of water-melon. Before arriving at the house, a distance of twenty-five miles, the symptoms of suffocation had subsided, and the patient, a boy of four or five years old, was breathing apparently quite naturally. As there was no distress or indication for immediate interference in this case, after examination and consultation with three intelligent physicians of the neighborhood, it was agreed to adopt the following course of treatment—we could not define the actual location of the foreign body, but concluded it had passed through the larynx and trachea, and had been arrested in the bronchiae—no active plan was to be pursued, unless the symptoms of suffocation should recur, when an emetic was to be administered, and if no relief was afforded by it, a second consultation was to be holden. I heard nothing further of the case until some months after this, and then learnt that during a paroxysm of coughing, the water-melon seed had been vomited.

The course here adopted was undoubtedly correct, not simply because it was successful in the end to the removal of the cause threatening life, but justified upon sound principles in surgery. The foreign body in this instance was *innocuous*, at least possessed no active agency in exciting inflammation. It simply was an *error loci*, and in this consisted the whole danger. Now a sufficient number of cases have proven that when the substance has passed through the air-passages down to the bronchiae, is not acrid or poisonous in its nature, when it does not produce immediate and distressing symptoms, it may be left to the spontaneous efforts of nature for its removal. And when we do operate, it is not because a foreign body exists in the respiratory organs, but we are alone justified on account of the urgency of the symptoms. This we hold to be the true practice in these accidents, and it is now sanctioned by experience.

CASE II. *A half-dime in the larynx—removed by inversion of the body and coughing.*—Mr. L., a well-known painter, of this city, came in great distress (nearly three years ago) into my office, to consult me about a five cent piece which had gotten into his windpipe. While amusing his children *à la Brunel* (or rather the celebrated engineer after him, for my patient claims priority of date), by tossing up a half-dime into the air, and catching it in his mouth, it suddenly, and to his surprise, dropped into the larynx. At each respiration the foreign body could be heard impeding that function, and its situation marked distinctly in the upper part of the thyroid cartilage, about the laryngeal pouches. I advised Mr. L., before adopting other treatment, to place himself upon a bed, crawl out upon his hands, making his head the most pendent part, and then to have cough excited by a blow on the back between his shoulders. To his great gratification, at the first effort, the piece of money was dislodged from its unnatural position, and at once transferred, if not to as secure, at least to a more agreeable receptacle.

CASE III. *A water-melon seed in the larynx—Laryngotomy successfully performed for its removal.*—The 21st August, 1845, Annette, belonging to Maj. G., was brought by her mother to my house, having a water-melon seed in the larynx, which she had attempted to swallow a few moments before. She was two years old, and, like children of her age, was very fat. A paroxysm of suffocation had just subsided when she was brought in, and as the symptoms were not very urgent, and the physician of the family to whom the child belonged was not present, I left an emetic with the mother, with directions that while vomiting she should place the head of the patient in a pendent position. A paroxysm had occurred, and the emetic affording no relief, I again saw the child at 8, P. M., of the same day. She was now asleep, and on consultation, it was thought best to wait and take advantage of day-light for the operation.

At 7, A. M., 22d, the child had passed a restless night, and the respiration being now laborious, with an irregular rhonchus, the operation of laryngotomy was decided upon. Some embarrassment was experienced in performing it, owing to the obesity of the little patient, her distress, the shortness of the neck, and a considerable venous hemorrhage. This latter, however, instantly ceased as soon as free respiration was established through the opening made in the crico-thyroid membrane, and during a violent expiration, assisted by a probe in the larynx, the water-melon seed was expelled through the mouth.

The wound was dressed by adhesive plasters, but during the treatment I had reason to regret not having used sutures. At 4, P. M., the patient had some fever, and for which she took salts and nitre. Understanding, too, she had probably worms, a saline injection was ordered at 6, P. M.

23d.—Is sitting up. The plasters having become loose, fresh ones were applied. Only a small quantity of air was observed to pass out of the artificial opening, and that only during forced expiration. The medicines have operated, and the fever is lessened. Diet to be moderate.

24th.—The breathing is somewhat impeded, and her voice is hoarse. The weather still continues damp.

25th.—Found no union in the wound of the skin, while a small opening still exists in the larynx. A suture was now applied in the centre of the incision, through the skin. The patient has symptoms of worms, but is at times quite cheerful.

Sept. 2d.—There has been but one fair day since the operation. The wound has been dressed every day, and there has been no union by the first intention. It is now healing slowly by granulation.

6th.—Have had to administer calomel, oil, turpentine, and then decoction of pink-root, for worms. Several were evacuated, and on the 8th I discharged my patient, entirely well.

I have frequently seen Annette since, and remarked the depressed cicatrix over the larynx. The union was effected by granulation alone, and only after the weather proved favorable.

It will thus be seen that in the treatment of these three cases a very different course was pursued, regulated by the effects produced by the foreign body in the air-passages. One was left to the spontaneous efforts of nature; the second was assisted by a very simple device, suggested years ago, and not, as the recent English Journals would have us believe, first brought into successful practice in the case of Mr. Brunel; and in the third case an opening was made into the wind-pipe. There is yet a fourth plan, which under favorable circumstances has succeeded in a few cases, and that is, after tracheotomy has been performed, to attempt to remove with forceps the foreign body lodged in the bronchiae. Should free and active emesis, inversion of the body, and striking between the shoulders while in this position, fail, and the substance introduced be of a poisonous nature, then this hazardous operation may be resorted to, but with no great prospect of success.—*Southern Med. Journal.*

#### DR. FENNER'S LETTER FROM BOSTON.

[DR. E. D. FENNER, one of the editors of the New Orleans Medical and Surgical Journal, gratified some of the members of the profession in Boston by a visit in May last. The following letter, dated Boston, May 15, is from the September No. of that Journal. He also gives interesting sketches of matters and things which fell under his observation in other cities which he visited.]

I arrived at this place from New York, *via* Albany, on the morning of the 13th, and having ridden all night in the cars, felt a good deal fatigued. One or two hours' sleep, however, restored my energies; and I sallied forth, introductory in hand, in search of doctors.

I first called on our brother editor, Dr. Smith, of the Boston Medical and Surgical Journal. He gave me a hearty welcome; and notwithstanding the multiplicity of his engagements as editor, port-physician, and general practitioner, found time to lay me under everlasting obligation by his kind civilities. I had the pleasure of making the acquaint-

ance of the two Drs. Bigelow, Dr. John C. Warren, Drs. Jackson, Parkman, Townsend, and some others, who were all very courteous; but my stay in Boston has been too limited to allow me to see much of them. The elder Dr. Bigelow, you are aware, is the Professor of Materia Medica, in the Medical College at this place. He, and his son, Dr. Henry J. Bigelow, with one or two associates, have a private class of twelve or fifteen students, with whom they follow an excellent plan of instruction, consisting of a course of reading, lectures, and examinations. Dr. J. B. S. Jackson is one of the visiting physicians to the Massachusetts General Hospital. He has devoted much attention to the study of pathological anatomy, and showed me his private cabinet, containing a large collection of beautiful specimens.

Dr. John C. Warren, who is generally known as one of the brightest ornaments of American surgery, is a very dignified and venerable old gentleman, remarkable for his firmness and composure. He has long been the most eminent surgeon of New England; and although now getting in "the sear and yellow leaf," he still cultivates his favorite branch with commendable zeal. He is a visiting surgeon of the above-mentioned hospital, and is punctual in his attendance every Tuesday and Friday. I was not introduced to his son, Dr. J. Mason Warren, who is likewise somewhat distinguished as a surgeon, and has performed some very creditable operations.

*The Massachusetts General Hospital* is the only medical institution in Boston, that my brief stay would allow me to visit. This is a most perfect and beautiful hospital, whose only fault consists in its being *unnecessarily fine* in its equipment. There is a centre building with two wings, of granite—an admirable piece of architecture, and combining every imaginable comfort and convenience. It is warmed in winter by a large furnace under the basement, which sends heated air through every apartment, by means of conduits ingeniously contrived. Water for all purposes is also conducted through the establishment in a similar manner. The beds, especially in one of the new wings just completed, appear to be fully as neat and comfortable as those of the Tremont or Astor Hotels. In short, every thing about this establishment is in more magnificent style than I ever expected to see about an hospital. It is by no means exclusively a charity hospital; but is designed also as a resort for all such as are either absent from their homes, or who cannot be well attended to at home. The house is divided into *free* and *pay* wards, and is capable of containing about 150 beds. To show the extent of its endowments, we learn from the last annual report of the Board of Trustees, that "the present amount of the property of the institution is \$238,369 91, exclusive of the grounds and buildings." We suppose that this large sum has been accumulated from individual contributions. One individual recently bequeathed to the institution, *forty thousand dollars*.

There were admitted into this hospital, during the year 1845, 453 patients—of which 183 paid board, and 265 were entirely free.

There were discharged, 400; of which 20 are marked, "*not treated*,"



2 "eloped," 37 "not relieved," and 6 "unfit." The whole number of deaths was 54.

The price of board varies from \$3 to \$10 a week; and the amount received from paying patients during the year, was \$3,710 79; considerably more than one-third of the whole amount of board charged to all the patients during the year. The average number of patients was 56; of which the average number *paying*, was 22; and *free*, 34.

The receipts for the year somewhat exceeded the expenditures. There are six physicians and six surgeons; two of each are in regular attendance for a term of four months. They receive no compensation for their services.

Thus, you perceive that this institution, the only one of the kind about Boston, although richly endowed and elegantly managed, presents but a limited field for medical observation, in comparison with our large Charity Hospital, which receives annually about 6000 patients, exclusive of lunatics.

I accompanied Dr. J. C. Warren on one of his regular visits to the Hospital, and saw some interesting cases; among which was one of lupus; one of prolapsus ani, in which Dr. W. had applied the ligature; one of dislocated shoulder; two of ununited fracture of the arm; and one of necrosis of the tibia, following a compound comminuted fracture.

Dr. Warren displayed considerable skill in reducing the dislocation. The pullies and copious depletion were resorted to, and the old gentleman being unwilling to make much exertion on account of some injury to his chest, received not long since, stood calmly by, whilst a medical friend attempted the reduction. This gentleman thought he had accomplished it, and was leaving the patient, when Dr. Warren stepped up, took hold of the arm, and by a skilful manoeuvre replaced the head of the humerus into its socket, in a very striking manner.

In one of the cases of ununited fracture Dr. Warren had inserted the seton, some time previous, and the union was now becoming firm. He contemplates inserting the seton in the other, at his next visit. He removed with his fingers a thin shell of bone in the case of necrosis.

*The McLean Asylum for the Insane*, situated in the suburbs of the city, some distance from this, is a branch of this institution. It is said to be one of the best asylums in the country, and I regret that I was not able to visit it. It is under the superintendence of Dr. Luther V. Bell, and contains an average number of 150 patients. I regret, also, not having been able to visit the Naval Hospital, and the Asylums for the Blind, and the Deaf and Dumb. My time here was chiefly occupied in visiting the public buildings, the libraries, the museums, Harvard University, Mount Auburn Cemetery, and Bunker Hill Monument. I would gladly have spent a longer time in this interesting and hospitable city, but wishing to be back at New York on Saturday, to hear Professor Mott's weekly clinique, I had to hasten my departure. I was pleased to discover that the medical profession occupies an elevated position in the city, which has been termed the "Athens of America." The leading physicians are wealthy and influential members of society, and from the

days of the Revolution, when one of the noblest martyrs of freedom went from its ranks, the profession has continued to hold a high and honorable stand among the avocations of men. Do not suppose, however, that the hydra *quackery* is deterred from showing its hideous front, in this refined and enlightened city; on the contrary, it boldly proclaims its arrogant pretensions, and lures many a hapless victim to ruin and death. If I am not mistaken, Boston was the cradle of Thomsonism; and I am informed that in New England, homœopathy, hydro-pathy, and every species of empiricism, still find numerous supporters. What a commentary does this form upon the intelligence and liberality of this enlightened community! Thousands upon thousands, the accumulation of long lives of toil and self-denial, have been bequeathed by individuals, for the purpose of endowing benevolent institutions, and they are truly the pride and glory of this christian land; wherever these are to be found, and of whatsoever character, they require the superintending care and arduous labors of the scientific physician, and receive them for the most part, gratuitously; yet the community, not here alone, but throughout the Union, unmindful of the large amount of gratuitous service, rendered by physicians to the indigent and afflicted, and also unmindful of the *wear and tear* of both body and mind, inseparable from the study and practice of the profession, seem to be led astray by every flaming newspaper advertisement, and bestow their money freely upon charlatans, and the most ignorant pretenders, whilst many a worthy and respectable physician is lingering in poverty and neglect. But this is a subject that would give rise to more reflections than would be fitting for this occasion, and I therefore defer it for some future lucubration. I will here close my observations on the medical affairs of Boston, and have only to regret that they are so crude and imperfect.

#### ON PLAGUE AND THE ANIMAL ORIGIN OF DISEASES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In some of your former volumes I have endeavored to maintain the *animal origin of diseases*, but have been met by high authority denying my position and referring the source to vegetable decomposition. Still, when I have considered that microscopic discoveries have demonstrated that even a single drop of pure water is alive with minute animals, and that without water there is no putrefaction, I cannot but feel increased confidence in my former opinion. Indeed, that there is any such thing as putrescency, without some traces of animal substance, we are induced to think it utterly impossible to prove. And so far as we can undeniably fix the source of disease, as in smallpox, measles, varicella, vaccina, psora, gonorrhœa, erythema-anatomicum, hydrophobia, and syphilis, there is no kind of dispute, nor room for it, with respect to their animal origin. If Dr. Rush was correct in referring the cause of yellow fever, in 1793, to damaged coffee, we would

refer the damage to the microscopic animalculæ with which the moisture abounded; to their death, decay, and decomposition. Besides, the coffee itself might have been as probably inhabited by microscopic animalculæ as vinegar; the eels in which, old President Adams said *he believed were quarrelsome*.

I was led to this subject at the present time by observing, in my Common Place Book, the extracts and remarks that follow:—

Ethiopia and Egypt have been stigmatized in every age as the original source and seminary of the plague. Gregory of Tours styled it *Lues Inguinaria*. In a damp, hot, stagnating air, this African fever is generated from the putrefaction of animal substances, and especially from the swarms of locusts, not less destructive to mankind in their deaths than in their lives. The fatal disease that depopulated the earth in the time of Justinian and his successors, first appeared in the neighborhood of Pelusium, between the Serbonian bog and the eastern channel of the Nile. From thence, tracing as it were a double path, it spread to the East in Syria, Persia, and the Indies, and penetrated to the West, along the African coast, and crossing the Mediterranean spread over the Continent of Europe. It visited Constantinople, and Procopius viewed its symptoms and progress with the eyes of a physician. A distempered fancy seemed to usher in a semblance of the disease, and the subject was immediately in a state of hopeless despair. But in most, a slight fever, so slight as not much to affect the pulse, or redden the skin, ushered in the malady. And the same day, or a day or two after, the terrible sign of swelled glands, especially those of the groin, armpits, or under the ear, denoted a serious, if not fatal, event. If a proper suppuration ensued, the patient might be saved. But if they continued hard and dry, a mortification was quickly apparent, and the fifth day the person died, if not sooner. The female sex were less liable than the male, but youth was most susceptible of all. The disease baffled prognostics both as to recovery or death. No class of persons seemed exempt, and the plague even touched the person of Justinian himself. Some who recovered were deprived of speech, and this without exemption from a subsequent attack. Funeral processions were confounded and mixed with each other, and even the right to graves could not be kept distinct. Contagion was considered as an inseparable attendant on the plague, and the terror was so great that those who were left without friends, or servants, lay unburied in the streets, or in their own desolate houses. When this duty fell on the magistrates, the bodies were collected into promiscuous heaps, and conveyed by land or water to deep pits, and promiscuously thrown in. The vehemence of the epidemic baffled all remedies, and the same treatment had on different persons effects directly contrary. The opinion that the disease was contagious was not universal; and the common people, who are usually most prone to imaginary terrors, imbibed the notion that the infection could not be communicated by the closest conversation. And this opinion, so far as it went, had one good effect, by preventing the abandonment of those who were ill and needed assistance.

Like the yellow fever in New York and Philadelphia, the plague was noticed always to spread from the sea or river; the first cases being uniformly developed near, or not far from, the water. And both have the character of being sometimes conveyed, with increased virulence, in infected clothing, bales of cotton, or of cloth. This opinion obtained in the sixth century at Constantinople, and limitedly, as respects yellow fever, with us. At Constantinople alone, for three months, 5000 persons died every day, and afterwards the number was doubled, and 10,000 died daily. But several cities of the East were left vacant; and even in Italy, the harvest and vintage were left to perish on the ground. As it travelled from the sea, the most sequestered mountains were visited, nor was it, as is commonly the case, checked by the frosts of autumn, or the cold of winter. Where it passed an inland region, or a lonely island, in one year, it was sure to be attacked in the next, or succeeding ones. Alternately its malignity and vehemence subsided, and then resumed or redoubled its destructive force. And it is said that this pestilence, which began in the 15th year of Justinian, for fifty-two years succeeding prevailed, or did not so entirely subside, as that the atmosphere regained its pristine and previous salubrity. The myriads who died cannot be reduced to any reliable number. The expression of Procopius, both as relates to arithmetic and grammar, is obscure. A literal translation would denote millions of millions; but a more probable rendering would reduce the amount to 100,000,000, a number so immense as to seem astonishing; and yet, considering the length of time it prevailed, and the vast extent of its circuit, not wholly inadmissible. Theophilus affirms that the infection could only once be taken; but Evagrius, who had family experience of the plague, observes that some persons who had escaped the first, sunk under the second attack. *Sacer-ignis* (holy fire) is not mentioned in this pestilence, but it has since appeared in Europe with this phenomenon, which we now understand by the name of *erysipelas*.

In the second century the plague prevailed in Rome with much mortality. It was supposed to have been introduced by Lucius Verus, on his return from Parthia. In this plague the head affection was prominent, so that those who recovered neither knew their friends about them, nor even knew themselves. According to Eusebius the head affection was noticed in the plague in Syria, A. D. 302, so that some that survived totally lost their sight. In this the *sacer-ignis* was mixed with carbuncles. The eruption varied exceedingly in size, from a millet seed to that of a pea, and up to a nutmeg—sometimes accompanied with exquisite shooting pain, and discharging an ichorous matter of a straw-color. The plague, as Thucydides observes, swallowed up all other diseases, or, in other words, if other diseases began differently they ended in plague. It sometimes killed before any eruption, bubo or swelling appeared.

However discrepant the opinions of different physicians respecting the contagiousness of plague, all historians seem to agree on this point; and when we read of it at Moscow, in north latitude 53° 36', we cannot reconcile

its appearance there from tropical heat or dead locusts, and are constrained to refer it to the animal origin of contagion. For that contagion is an animal source of disease, no one denies who does not repudiate its existence. And to this effect we read that it was introduced there by the Turkish army, or from communication with it; that it became fearfully destructive as summer advanced, but wore away with the frost. Seventy thousand died in a few months; 22,000 in one month, and sometimes 12,000 died in 24 hours. Its appearance in Moscow was in 1771. In that city its general symptoms were very much the same as elsewhere, but the tendency to putrefaction was so great, that it was necessary to bury the body within a few hours after death. And it is a singular fact that putrefaction in the human body, in the cool season of the year, or in a cold climate, advances most rapidly. Touching the sick or dead, or inhaling the breath of those in the disease, were thought by some physicians the only source of contagion. Hence one or more physicians refrained from feeling the pulse entirely, and escaped, although they attended the sick in their apartments.

Plague, like yellow fever, was prone to invade new comers from healthy and uncontaminated districts. A strange, mysterious, and perhaps utterly unaccountable enigma—that those most robust, most healthy, most free from bad air, and all predisposing causes, should be most obnoxious to violent and deadly attacks. Thus an army, marching and encamping in the malaria district, has had the terrible pestilence thinning its ranks, when it had entirely worn itself out among the survivors of the infected region, and was unknown except among the recent healthy visitors. Procopius would infer a special Providence as protecting the survivors of the desolation; so blasting to all preconception and human reason were these stubborn facts. We can only infer that the pestiferous animal miasm afforded an immunity, and operated on the systems of the survivors, of the late dying districts, like vaccination, in securing them from plague, as that secures now from smallpox; and that new comers, being without this security, were full of susceptibility. Still an enigma is here enveloped in a dense cloud of mystery, and happy should we hail the genius who can fully unfold it. The Wise Man tells us that “the simple believeth every word.” (Prov. 14, 15.) We are constrained to believe many things for which we find it utterly impossible to account. What was mysterious to Procopius in the sixth century, remains so still to us in the nineteenth.

JOSEPH CONSTOCK, M.D.

Lebanon, Ct., Sept. 1, 1846.

In turning to another page, I find the following addendum.

“It is suggested that plague may be communicated by a person who has not had, and has not got, the disease, but from the same miasm obtained by associating with the infected, or residing in an infected district, as is conveyed in clothing, or bales of goods. Still the laws of transmission are sometimes as obscure as is the nature of contagion itself. Hail, rain, snow, cold, heat, breezes and hurricanes, run in veins, and fall, fructify or destroy locally. And the same laws may be fixed upon

the extrusion and propulsion of pestilential miasm. Rats, mice, cats, dogs, flies, and even reptiles, may, as in smallpox, be sometimes suspected; as well as the smoke from chimnies where infected articles are swept into the fire. As mountain tops, of a certain height, and cold in certain localities, never have any miasm, putrefaction, nor gases; so heat, in countries of but little moisture, does not evolve sufficient miasm to produce plague. And some even have recovered, when already affected, by removing into such locations.

"How long the contagion, or seeds of plague, may be retained, ere the disease invades, is not exactly ascertained. The 4th or 5th day has most authority. But it may lurk in an unfavorable habit, without showing any effect; when in a more susceptible one, the same, or even a less degree of exposure, it may be quickly and fatally developed."

The plague of Athens was imputed to Pericles, who admitted a great number of "out dwellers" into the city, who were penned up like cattle in small huts, in the heat of summer, without any employment, poisoning each other by their animal effluvium. We find in the most veritable authors of antiquity some things to stagger our credibility. Thus Plutarch tells of its raining blood at Rome, when the plague prevailed there in the time of Romulus. The only active principle in plague, is a universally morbid, diseased, and deathly one. It is the most ancient of diseases, and is mentioned by the most ancient writers, Jewish and Grecian. In modern times it has been repeatedly communicated by inoculation, but with so little success that its advocates are few or none. Still the fact proves a specific animal virus, and the inquiry arises in the mind, whether the precise morbid seminal matter, or miasm, which causes plague, has been transmitted from one human body to another, from the time of Moses (who mentions the Egyptian plague), or has been repeatedly generated anew?

When animal putrefaction produces ammonia, it is innocuous—and this may serve to account for the discrepancies of opinion respecting it.

#### THE RESULTS OF CANDID INQUIRIES RELATIVE TO HOMŒOPATHY AS A SYSTEM OF PHYSIC.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Under the caption "Chronic case treated Homœopathically," Dr. Holt comes out against me (and another who is competent and doubtless will vindicate himself if he deems the occasion worthy of notice), in a most uncouth, *not* to say ungentlemanly manner. I would not reply to so unworthy an article, were it not my duty to show the *falsity* of some of his statements. I appeal to your readers, and ask them to judge; and if they will take the trouble to go back where the discussion commenced, and read our articles in the order they were written, they will be struck with the absurdity of his reasoning (if such verbiage can be called reasoning); they will see he has gone round almost every question involved in the controversy; filling his pages with mere



*assumptions*, without doing himself honor, or promoting the system he is so anxious to sustain. True he tells of some wonderful things that *he* has done, and makes a ridiculous appearance as his own trumpeter; *these* in our opinion are his most prominent attributes. As the profession are wide awake to the subject, I might well leave it to more able pens, for my *principal* object has been gained, which from the beginning has been to draw the opinions of others; so that the doctrine, if sound, might speedily be proved; or, if worthless, that the profession might act with united energy in putting it down. Excellent articles on homoeopathy from high sources are now frequently placed before your readers. If I have been instrumental in calling them out, I have done good, I have accomplished all I intended. Your Journal is read by many intelligent persons out of the profession, and such with us will be profited by reading. Notwithstanding what Dr. H. may *happen* to know, all classes are becoming convinced that homoeopathy, like animal magnetism, is a humbug; though both may boast a learned professor, and attempt to dress their leaders with the stolen dignities and honors of the illustrious dead—they will soon vanish away.

Dr. H. finds fault with me because I made some extracts from a report. Now what is the difference in quoting, whether we take it from Forbes or Hoyt, provided we extract good matter, such as suits our purposes, and do not detract from any one? I found no fault with Dr. H. for "extracting," and conclude that he could have had no other thing in view but to dodge the real subject, and swell his paper by his allusions to this matter, for your readers remember that these extracts completely destroyed many of Dr. H.'s previous assertions. The manner in which Dr. H. speaks of Dr. Hoyt's report is too disgusting to have place here. Would he have dared thus to express himself if he had left the least regard for anything but homoeopathy?

Dr. H. says that I beg for quarters. *This*, like many of his sayings, is *false*, entirely untrue, as I have at no time manifested such a feeling; but mark what he says in the next line, that he "is the one to give in," and is "willing to drop the subject"! What base equivocation, what incongruity of expression is resorted to, to support error! Is it not a cowardly way of backing out? As he grows older, I hope he will grow better, and learn one thing, that is, "*None but the language of truth will dove-tail.*"

Dr. H. may boast of his success in this discussion, but let us see what he has *admitted*, and, also, what he has *failed to prove*. 1st, He admits that they have no *certain* means of ascertaining the pathogenetic virtues of drugs, *save* in "*poisoning.*" But he "*supposes*" how they could push the poisoning to a certain extent; *after this extent* the homoeopathy probably "*guess*" the sequel, as Dr. H. did in prescribing for his "*chronic case*" that he furnished for the Journal. This admission destroys the whole fabric of homoeopathy, for it is all "*guess*" work in the last stages of disease; and as they do not poison "*healthy*" persons, they have only *accidental* knowledge, save that they obtain by *partial* inquiry. 2d, He admits that chemistry will not detect the medicinal substances contain-



ed in homœopathic drugs, and chuckles because I did not know it without experiment. 3d, That the *totality* of the *symptoms* constitutes the disease; for speaking of a remedy, he says it is oftener used than other drugs, "depending on the *totality* of the *symptoms*," &c. Let him give the rationale for his prescription for the hip disease, when "the pain is chiefly in the knee," &c. 4th, He says I have "just learned" that the homœopaths *bleed, purge, blister*, &c. Now if these points, and others equally important, are given up by a "*helmsman*," what may we expect from the practice of the less experienced, who have just been converted to the doctrine?

He has failed to prove—1st, That their remedies have any effect on the animal economy. 2d, He has not shown that the homœopaths vary their prescriptions according to the age, sex, temperament, habit, &c.; he only says they do. He confesses that he does not know there can be *great pathological* difference in two cases of peritonitis, the subjects a robust man and a delicate female. Well, now let him learn—"This inflammation is not necessarily confined to any certain portion of this membrane; for *every and each* portion may be the seat of it"—or one may be the result of *cold*, and the other a case of *puerperal peritonitis*; "for we must look upon the peritoneum as a *unit*; and when inflamed in any one part, *the same general symptoms will arise*," but the pathological difference is often *great*. The doctor will also learn, from the above, that I am not the only one who has "got ahead" of him. Dr. H. says the medicines that I employed in treating my second case homœopathically, had no analogy to the disease. I think so too, but they were indicated according to higher homœopathic authority than the man who thinks the pathological condition from the same disease, and the same general symptoms, must always be alike. 3d, He has not yet established the analogy of the operations of the poison of a marsh, and homœopathic remedies—a comparison he once drew for his own defence, but has since abandoned, and skulked behind some other outwork of homœopathic invention. And so it has been, he has been driven from every position, and it is wasting time to pursue him further, for I should but continue to show the fallaciousness of his arguments, the unfairness of his assertions, which from the commencement characterize his articles. This would be but an idle game, following

"A faint shadow of uncertain light,  
Like as a lamp, whose life doth fade away."

"Converts to new doctrines always have more zeal than wisdom." This is strikingly true with regard to the new disciples of Hahnemann—to those Dr. H. has converted, reasoning would be

"Like orient pearls at random strung."

These can well be given over to the homœopaths; they would not adhere to the truth, neither would they honor the profession; "they are joined to their idols, let them alone."

Yours,

Line Rock, R. I., Sept. 5th, 1846.

J. P. LEONARD.

## TO MEN OF SCIENCE IN AMERICA.

From Professor T. D. Bechricht, of Copenhagen, to his friend N. A. L. Keypon on his departure for the United States.

[Communicated for the Boston Medical and Surgical Journal.]

BETWEEN the naturalists and physicians of North America and of Denmark there at present hardly exists any scientific communication, and still it must be admitted, that reciprocal advantage and satisfaction would result from it, if it was duly established. There is a great difficulty, which puts a stop to the reciprocal communication and examination of works published in either country, viz., the *difference of dialect*! the Danish tongue not being known, nor the works published in that language sought for, in the United States. Still it may be supposed, that at least the larger libraries in the States would be willing to receive Danish publications.

By way of introduction, I send some of my minor works, particularly those which have been published in foreign languages, and request you to distribute them to those learned gentlemen with whom you may become acquainted during your residence in the United States, without thereon founding any expectation as to the regular establishment of a proper correspondence and mutual exchange of literary productions. Larger works, such as the writings of the Royal Society of Sciences, or other more expensive works, are not to be sent without a certain remuneration of equivalent American publications.

Moreover there might be established, to the reciprocal advantage of the learned men in both countries, an exchange of objects belonging to natural history, and I am willing to open such a communication in the United States with a small contribution. All the different species of Northern, especially Greenlandish, lower animals, and complete skeletons of the larger species, including the huge whales, are all at the service of the learned American gentlemen. In order to be sent off for the United States, it is requested that an equivalent indemnification, either in American natural products, books or ready money, is insured.

The objects which I particularly would desire to obtain from the United States, partly on my own account, and partly on account of the Museum of the Zootomical University, which is confided to my care and superintendence, are the following:—

a. The whole of original American works on Anatomy, Physiology, Zoology and Zootomy—except the smaller manuals for the use of scholars—particularly works illustrated by engravings.

b. Skulls (crania), and if possible more or less complete skeletons of the aboriginal tribes of America. But in order to render them useful in a scientific point of view, it will be of absolute necessity, as circumstantially as possible, to designate the race or tribe of the individual, in what relations it may have lived; if it belonged to one of the independent roving tribes, or their more civilized descendants, and whether of a male or female. The cranium must have the lower jaw and teeth.

c. The characteristic American *animals*, either well preserved in spirit

and able to be used for anatomical purposes, or in well-wrought skeletons; nominally all kinds of fishes; the lower and particularly remarkable amphibious animals, with gills, such as menopoma, menobranchus, siren lacertina.

I do not desire any works on Botany or Mineralogy, nor skins or stuffed animals.

Yours truly,

T. ESCHRICHT,

Professor at the University, Copenhagen.

Copenhagen, May 11, 1846.

#### UNIVERSITY OF BUFFALO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your notice of the *University of Buffalo*, in your last Journal, you remark that "Drs. Lee and Webster are detached from Geneva College, and accept chairs at Buffalo," &c. I wish to correct this statement by publishing the following announcement and explanation, from the Buffalo Commercial Advertiser.

"Among the acts passed by the last Legislature was one incorporating the University of Buffalo. This act is broad and comprehensive in its character, and provides not only for a collegiate institution of the highest grade, but for the establishment of a University, in fact as well as name, with a complete organization of the Law, Medical and Theological Departments. By the terms of the act, the Commissioners named in it were empowered to organize the University whenever twenty thousand dollars were subscribed to its capital stock. That amount having been subscribed, the stockholders met, and elected the following-named gentlemen to constitute the council:—

"Ira A. Blossom, Isaac Sherman, Theodorus Burwell, James O. Putnam, Gaius B. Rich, William A. Bird, Thomas M. Foote, John D. Shepard, Millard Filmore, Eldridge G. Spaulding, George R. Babcock, Hiram A. Tucker, Orson Phelps, Orsamus H. Marshall, George W. Clinton, Joseph G. Masten.

"These gentlemen are divided into four classes, of one, two, three and four years each.

"Last evening the Council held a meeting, at which it was decided to organize the Medical Department forthwith, which was done by establishing seven professorships, and the election of the following-named gentlemen Professors.

"1. James Hadley, M.D., Professor of Chemistry and Pharmacy. 2. Charles Brodhead Coventry, M.D., of Physiology and Medical Jurisprudence. 3. James Webster, M.D., of General and Special Anatomy. 4. Charles A. Lee, M.D., of Pathology and Materia Medica. 5. James Platt White, M.D., of Obstetrics and Diseases of Women and Children. 6. Frank Hastings Hamilton, M.D., of Principles of Surgery and Clinical Surgery. 7. Austin Flint, M.D., of Principles and Practice of Medicine and Clinical Medicine."

It will be seen from the above, that the entire Medical Faculty of Ge-

neva College have been chosen to fill the different chairs at Buffalo, with the exception of Dr. Thomas Spencer. They have accepted the appointment, with the understanding that the course of lectures shall be delivered after the course at Geneva has closed, which is about the 1st of February. The Medical Faculty of Geneva College, therefore, remains precisely as it was; the lectures will be given hereafter as they have been heretofore, and whatever is done at Buffalo, will be as a separate organization and during a different portion of the year.

New York, Sept. 12, 1846.

Yours, Respectfully,

CHARLES A. LEE, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 23, 1846.

*Prof. Koppen.*—This gentleman, whose name is familiar to the learned, has just arrived in this country. He is a native of Copenhagen, but for the last ten years has been a Professor in the University of Athens, in Greece. Having travelled extensively in Europe and Asia, he now desires to become acquainted with the institutions in the United States. His letters to men of literary and scientific distinction, are sufficiently numerous to give him access to the society and the civilities to which a person of his reputation is entitled. We publish, to-day, a circular, of which he was the bearer, addressed to the savans of North America, that may lead to a happy and profitable intercourse with Denmark.

*Philadelphia College of Physicians.*—In turning over the quarterly published transactions, which was alluded to last week, we have found a variety of matter to instruct as well as interest the reader. No happier scheme for the benefit and rising fame of the institution could have been devised, than opening the records and showing the world all the movements in the interior of the Society. No other association in this country, devoted exclusively to medicine, thus freely throws its doors open. Emulation is excited, by such a course, and society is already reaping the advantages of this combination of wisdom, science, liberality and common sense. We abominate the custom of many associations, that might be designated, in which the labors of profound scholars are vigilantly kept in manuscript, under the recording secretary's key—where they are destined to remain, in accordance with a narrow-minded policy, that belittles those who pretend to labor for the advancement of useful knowledge.

Among the papers in this report, Dr. Condie's, on the diseases of children, is excellent. Many extracts are marked in it for republication. The committee appointed to report on the subject of American Quackery, will have ample scope for making a brilliant exposure of the tricks of trade. If there should be any lack of materials, they are respectfully invited to visit this metropolis, in which as many Yankee inventions are in successful operation for driving a brisk business, in nostrums, as a secre-

tary of legation could chronicle in a month. From the schedule of books given to the library from one meeting to another, the prospect of a large collection must be flattering.

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*Effects of Emetics in Young Subjects.*—The New York Journal of Medicine due for September, 1846, has not been received, although a copy for the same month in 1845 has just reached us by mail. Seven pages, however, belonging to the No. for the present month, are promptly at hand. Professor John B. Beck has prepared a paper on the effects of emetics in young persons, that should be looked to with more than common reading interest, because his authority is no every-day voice. He cautions practitioners against the use of tartar emetic for children. When under one year of age, he advises never to give it to them. An extract on another page will show Dr. Beck's method of reasoning on this important subject.

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*St. Louis University.*—On the first Monday of November the medical lectures will commence in this school. Eleven students were graduated at the close of the last term. Having had experience in their several departments, the professors were never better prepared to instruct their classes advantageously and profitably, than at the present time. St. Louis is an important city, where the means of obtaining a polished literary or professional education, are of a much higher order than those who have not examined the advantages possessed by the city would suspect.

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*Illinois Medical College.*—It seems that this institution is either quite new or has been unaccountably overlooked in making up a list of schools of medicine. At Jacksonville a college is located, to which a medical department belongs, that has had a degree of success which encourages its friends to hope a wider range of influence. Thirteen gentlemen received the degree of M.D. in course, the last commencement, and M. H. L. Schooley received an honorary degree. Lectures begin the first Monday in November.

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*Quarrels of Medical Men.*—Formerly there were all kinds of jealousies and petty warfares between practitioners in the same town; but a better state of feeling now generally exists among medical men, since the discovery has been made that the world is large enough for us all, without infringing upon the rights of our neighbors. However, in Missouri there is a whirlwind of difficulty between two of the editors of the St. Louis Medical Journal and Dr. Reyburn, of St. Louis. The latter gentleman has sent forth "A Supplement to the July No. of the St. Louis Medical and Surgical Journal, containing an examination of the testimony appended to the remarks of Dr. Thomas J. White, published in said No. of that Journal." Without taking sides either way, it appears that there was cause of provocation, and Dr. Reyburn has done as any other person of high feelings of self-respect would have acted under a sense of injustice. A personal acquaintance with Dr. Linton, however, leads us to believe him a man of integrity, whose sympathies would always be exerted in the

right direction. This supplement will certainly stir up the elements—and we may expect some great literary demonstrations of indignation at a future day. Dr. Reyburn writes with vigor, and like one who is not only conscious of possessing power, but determined to use it in vindicating his unalienable rights.

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*Expulsion of Dr. Cross.*—A pamphlet before us bears the following title: "Statement of facts in relation to the expulsion of James C. Cross from Transylvania University." One of the statements is signed by Professor B. W. Dudley; another by Professor Thomas D. Mitchell; another by Professor Peter, &c., accompanied by incidental notes from other sources, illustrative of the reputation of the expelled member. What was he expelled for? will be the question. An answer may be found, in part, on the 16th page of the pamphlet, which we forbear to quote, but which contains grave charges against Dr. C.

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*Ellis's Medical Formulary.*—Dr. Morton, of Philadelphia, has given the profession another much-improved and extended edition of this work. It is from the press of Messrs. Lea & Blanchard, who have already sent abroad seven previous editions. This is the eighth, and so cautiously revised, that it is hardly possible to detect even a typographical error in the course of its 272 octavo pages. Our young practitioners will find this treatise essentially useful to them—and it is cheerfully recommended on account of its intrinsic value.

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*Sketch of M. Louis, of Paris.*—Prof. Bartlett, of the Transylvania University, gives the following description of this celebrated French teacher.

"Louis, according to a book of biographical sketches lately published, was born in 1787; this would make him 59 years old, though you would hardly take him for more than 45. He is tall and erect, with a large head, and an ample forehead; his hair is getting a little thin, but is not grey. He has lately returned from the Hôpital Beaujon to the Hôtel Dieu, where he has charge of two or three female wards, one of which is appropriated to patients recently delivered. He gives no *clinique*. I have followed him several times through his morning service, and have seen him often at his own house. This intimate personal acquaintance which it has been my good fortune to make with him, has only served to strengthen the admiration and regard for his character which had been excited by my previous knowledge of his works. No teacher was ever more sincerely and enthusiastically loved by his pupils than Louis is by his. They speak of him, not merely with veneration and respect, but with transport. And well they may. If more than twenty years of uninterrupted, conscientious, and laborious investigation of the most important subjects of practical medicine—terminating not in barren speculation, but in the most positive and valuable results; of a love for the truth, which no temptation can alienate, which no passion or interest can corrupt, and which no obstacle can turn aside; if honesty of purpose, straight-forward, unbending integrity; simplicity of character, and the highest and purest combination of personal and social qualities, can constitute legitimate titles to our veneration and love, no claims can be stronger than those of Louis.

**Jaundice in Infants.**—In the Northern Journal of Medicine, Dr. A. B. Campbell relates three cases of icterus in new-born infants, all of which terminated fatally. In two, the disease was found to depend on congenital absence of the hepatic and cystic ducts, and in the other upon obstruction of the common biliary duct by inspissated bile. In the first case the jaundiced hue of the skin appeared the day after birth; the infant, however, continued well until the ninth day—though the evacuations from the bowels were white; a hemorrhage from the umbilicus then occurred, and returned on the following day, when the child died. The gall bladder was found to be a shut sac, the hepatic and cystic ducts being both wanting—the blood was tinged with bile. In the second case, the symptoms occurred early—no hemorrhage took place. The infant wasted away, while its abdomen enlarged in both hypochondriac regions. The patient lived until the sixth month, being attacked immediately preceding its death with violent diarrhoea, and vomiting of a fluid like coffee grounds. The liver was large—the gall bladder, as well as the ducts, were absent—the blood and various tissues were tinged with bile. The third case closely resembled the first; hemorrhage from the umbilicus occurred on the seventh day, and returned at intervals until the eleventh, when the child sunk into a comatose state and died. The whole amount of blood discharged did not exceed an ounce and a half. The gall bladder was full of bile, the escape of which was prevented, however, by a plug of inspissated bile, which filled the common duct. The brother of this infant died at the same age and with similar symptoms.—*Transactions of the Philadelphia College of Physicians.*

**Washington University.**—The vacancy in the medical faculty of the Washington University, of Baltimore, occasioned by the resignation of Professor Fonerdon, has been filled by the election of Dr. W. T. Leonard to the chair of Obstetrics and Medical Jurisprudence. The faculty have also recently appointed Dr. William Hunter Metcalfe, Demonstrator of Anatomy.

**Anatomical Models.**—The idea that was first conceived by Guillaume Desnoues, in 1701, of representing in wax, the color and form of various parts of the body, has lately been much improved upon by Mr. Felix Thibert; who has not only carried this art of imitation to a great degree of perfection, but he has succeeded in reproducing, with extraordinary exactitude, fac-similes of the preparations first made. The different societies in France have given their approval to the invention of Mr. Thibert; and the Institute, in 1846, awarded him the Monthyon prize. Mr. Thibert has made a collection in Paris, of 1100 of these models of diseases of the organs of respiration, of the circulation, of the skin, brain, digestive apparatus, liver, spleen, kidneys, &c. We have had an opportunity of viewing several of these specimens which were sent to Dr. Chazal in this city. We take pleasure in recommending those who take any interest in the matter, to go and examine them.—*Southern Med. Journal.*

**Medical Miscellany.**—A jury of inquest at Syracuse, N. Y., rendered a verdict that Mrs. Mary Ann Bevin, who died suddenly, came to her



death in consequence of "premature marriage." She was 15, but did not appear to be more than 12 or 13, say the papers.—A man in the country has been outdoing the dentists, by smoking worms out of the cavities of decayed teeth, which he appears to have convinced his patients were the real cause of toothache! What theory can be started so absurd as not to have its advocates and believers?—A surgeon in France was fined ten francs for refusing assistance to two poor persons who were severely wounded.—Wm. Lawrence, Esq., F.R.S., is now President of the Royal College of Surgeons, in London, and Mr. Travers and Mr. Stanly Vice Presidents.—An academy of sciences has been founded at Vienna.—There are fifty-two professors in the University of Kiel, in Denmark, and only two hundred students!—The fourteenth Scientific Congress, of France, commenced a session at Marseilles the first day of September.—M. Amusat has gained the first prize in medicine and surgery, the present year, in the French Academy of Sciences.—In hiccough, M. Rostan has employed pressure on the epigastrium.—Oil of turpentine, in a pledget of lint, kept on the bleeding socket, is represented to stop hemorrhage arising from the extraction of a tooth.—A strong decoction of coffee is recommended, on good authority, to be given in severe cases of neuralgia, at the commencement of the paroxysm.—Morrison, the pill quack, is said to have paid in England, for advertising his stuff, \$54,000, between 1830 and 1844.—One case of yellow fever has appeared at New Orleans.—A little girl lost her life by eating the berries of nightshade, at Harrisburg, Penn.—It is stated that cases of mental derangement are greatly on the increase in France. The intense heat of the summer has made all the tranquil female patients in the Salpetriere, furiously mad.—A man at Rondout, suffering from rheumatism, took three doses of colchicum at once, and was killed by it.—Yellow fever has broken out on board the British war vessels in Sacrificios.—The scurvy prevails extensively on board the U. S. frigate Potomac.

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TO CORRESPONDENTS.—Some remarkable statements respecting animal magnetism, from Dr. Fahnestock, of Pennsylvania, have been received through Dr. Lee, of New York. Although satisfied that some of the parties in the case have been greatly deluded, we shall endeavor to find room for the paper of Dr. F., who we understand is "a man of talent and distinction." Dr. Ingalls's reply to Dr. W., and a paper from Dr. Moore, have also been received.

Prof. Draper's Text Book on Chemistry, and Dr. Coxe's Epitome of Hippocrates and Galen, have been received. Also Prof. Dunglison's Human Physiology, in two large volumes—to be noticed next week.

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MARRIED.—At South Hadley, Mass., Dr. Edward Strong to Miss H. L. Hayes.—At Edgartown, Mass., Dr. J. H. Lucas to Miss M. T. Osborn.—Samuel P. Church, M.D., of Derby, Conn., to Miss E. H. Sterling.

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DIED.—At Savannah, Geo., Dr. John B. Barton, of the Navy, of consumption.—At New York, Samuel Sargent, M.D., 48, much lamented.—In Boston, Dr. John Quincy Adams, 22.

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Report of Deaths in Boston—for the week ending Sept. 19th, 77.—Males, 37, females, 40. Of consumption, 6—disease of the bowels, 23—cholera infantum, 4—dysentery, 2—diarrhoea, 1—infantile, 7—typhus fever, 6—drowned, 1—accidental, 3—cancer, 1—dropsy, 2—convulsions, 1—child-bed, 1—measles, 2—spasms, 1—debility, 1—hooping cough, 1—inflammation of the lungs, 4—worms, 1—dropsy on the brain, 1—cholera morbus, 2—hemorrhage, 1—jaundice, 1—scrofula, 1—marasmus, 1—disease of the spine, 1—teething, 1.

Under 5 years, 45—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 4—over 60 years, 2.

*Use of Tartar Emetic in the Diseases of Children.*—In the first place, Tartar Emetic is a powerful sedative, and it is well known, that in early life, the system cannot bear so well the operation of this class of agents, as it can in the adult. A striking illustration of this we have in blood-letting, when carried to the extent of producing syncope. Adults, as a general rule, recover very readily from this state; children, on the contrary, recover very slowly, and there is always more or less danger to life either from convulsions or general prostration, and the same thing holds good in relation to Tartar Emetic. Besides this, Tartar Emetic frequently acts as a local irritant. From the delicacy of the mucous tissue in early life, it is of course more apt to act as such at that period, than it is in advanced years. In both these ways, it is evident that Tartar Emetic must necessarily prove more energetic in its action on the young subject.

In the second place, there is scarcely any medicine, whose action is more decidedly modified by the existing condition of the system than Tartar Emetic. In the ordinary state of the system, it acts as a sedative to the circulation, but at the same time causes, even in very moderate doses, nausea, vomiting, sometimes free purging and diaphoresis. On the other hand, in certain states of the system characterized by high inflammatory action, very large doses, and frequently repeated too, may be given without any other effect than that of lessening excitement, and curing the disease. Again, as soon as this state of excitement is subdued under the use of the remedy, all the ordinary physiological effects of it are reproduced. Under these circumstances the article can no longer be tolerated, and the use of it must be relinquished. All these interesting peculiarities are abundantly illustrated in the treatment of pneumonia, as first practised by Rasori in Italy, then by Laennec in France, and afterwards by numerous English and American physicians. Now, if Tartar Emetic is thus modified in the adult by the existing state of the system, how much more readily must all this take place in the young subject. In the successive changes taking place in the child in the different states of disease, from irritation to inflammation, it is hardly possible to estimate the degree of uncertainty attending the operation of this article.—Dr. J. B. Beck, in *New York Journal of Medicine*.

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#### PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

SESSION OF 1846-17.

THE Faculty is constituted as follows:

WILLIAM DARRACH, M.D., Prof. of Theory and Practice of Medicine.  
JOHN WILTSANS, M.D., Prof. of Obstetrics and Diseases of Women and Children.  
HENRY S. PATTERSON, M.D., Prof. of Materia Medica and Pharmacy.  
WILLIAM R. GRANT, M.D., Prof. of Anatomy and Physiology.  
DAVID GILBERT, M.D., Prof. of Principles and Practice of Surgery.  
WASHINGTON L. ATLEE, M.D., Prof. of Medical Chemistry.

The lectures will commence on Monday, Nov. 2, and be continued until the ensuing 1st of March. The commencement for conferring degrees will be held as soon after the close of the session as practicable.

Regular public examinations on all the branches are held by the respective Professors.

The Faculty, not deeming it advisable to establish a college clinic, will furnish a ticket to the Clinical Lectures at the Pennsylvania Hospital, Pine St., to each pupil in attendance upon a second course of lectures.

The anatomical rooms will be opened on the 1st of October, under the personal superintendence of Prof. GRANT, assisted by WILLIAM T. BARN, M.D., Demonstrator of Anatomy.

Three years study in the office of a respectable practitioner, and an attendance upon two full courses of lectures, one of which must be in this institution, together with an attendance upon one course of clinical instruction in some approved Hospital, are the requisites which entitle a pupil to become a candidate for graduation.

WILLIAM DARRACH, M.D., *President of the Faculty*.  
HENRY S. PATTERSON, M.D., *Registrar*.

July 1st, 1846.

Jy 15—1 Nov. 1.

Filbert above 11th St., Philad.